

**INTERNSHIP APPLICATION  
HOUSE SCIENCE COMMITTEE—DEMOCRATIC STAFF**

NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

PERMANENT TELEPHONE NUMBER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

CURRENT TELEPHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF SCHOOL IN WHICH YOU ARE ENROLLED (if applicable)

\_\_\_\_\_

ADDRESS OF THE SCHOOL \_\_\_\_\_

\_\_\_\_\_

EXPECTED GRADUATION DATE (circle one)

Fall Spring Summer of 2\_\_\_\_\_

DATES AVAILABLE FOR INTERNSHIP

\_\_\_\_\_ through \_\_\_\_\_

ARE THESE DATES FLEXIBLE? Yes No

POLITICAL AFFILIATION \_\_\_\_\_

